

FORM A

**New York State Consultant Services
Contractor's Planned Employment**
From Contract Start Date Through the End of the Contract Term

State Agency Name: Office of Mental Health
 State Agency Department ID: 3650000 Agency Business Unit: OMH01
 Contractor Name: Knowledge Builders Inc Contract Number: PH68613
 Contract Start Date: 11/18/2025 Contract End Date: 05/17/2028

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Systems Developer 15-1231.00 Hourly Bill Rate \$88.89	1.00	5,200.00	\$462,228.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	1.00	5,200.00	\$462,228.00
Grand Total	1.00	5,200.00	\$462,228.00

Name of person who prepared this report: Pradeep Inampudi
 Title: Contract Management Specialist Phone #: 518-549-5206

Preparer's Signature: *Pradeep Inampudi*

_____ Date Prepared:
 10/28/2025

(Use additional pages, if necessary)